

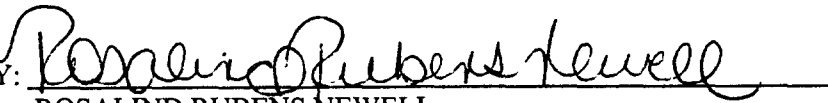
Entered - 10/09/00 - sb
CL00L0608 - DIANNE C. MITCHELL

00-*ℓ* -1730

CLAIM OF: BRIAN NORTON
513 Ivey Park Lane
Norcross, Georgia 30092

For damages alleged to have been sustained as a result of vehicular damage
due to road cuts on August 18, 2000 at 3610 Chesnut Street, Chamblee,
Georgia.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0608

Date: October 13, 2000

Claimant /Victim BRIAN NORTON

BY: (Atty) (Ins.Co.) _____

Address: 513 Ivey Park Lane, Norcross, Georgia 30092

Subrogation: _____ Claim for Property damage \$ 230.00 Bodily Injury \$ _____

Date of Notice: 09/19/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____

Date of Occurrence 08/18/00 Place: 3610 Chesnut Street, Chamblee, Georgia

Department _____ Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges his vehicle was damaged when he drove over unsecured road cuts. The investigation determined that the area where the incident occurred is outside the Atlanta City limits. The claimant has been advised of the above.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

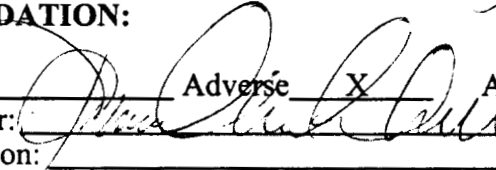
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 10-13-00

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

SEP 19

RE: CLAIM FOR DAMAGES

Today's Date: 8/30/00

09-19-00P01:00 RCVD

MT Mitchell
10/09/00
Jan

Dear Municipal Clerk:

ENTERED - 10-9-00 - SB
00L0608 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 230 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: Aug. 18th 2. Time of Incident: 3pm 3. Police called: Yes ☒ No
4. Location of incident (including street address): 3610 Chesnut St. Chamblee, GA
5. Name of your insurance company: Interstate Indemnity Policy No. AAGA-000034505
6. State what and how incident occurred: I was driving down Chestnut St. towards Dekalb Trch. Pkwy and there were 3 or 4 cut out holes on the side of the road in the road, As another car oncoming passed me I had to run over one of them and it dented both of my rims on my car.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: 1996 Nissan 240SX 1007 WN Brian Norton
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: None - Driving by Self
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

[Signature]
Signature of Claimant

Brian Norton
(Print Claimant's Name)
513 Tvey Park Ln.
(Address)
Albross, GA 30092
(City, State and Zip Code)
770-986-8224 678-516-3543
(Work Number) (Home Number)

00-R-1730